

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047313

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 2 1963

3026

622

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Independence</b>		c. CITY OR TOWN <b>Lee's Summit</b>	
Length of stay in lb <b>2 Days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Independence Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>407 So. Market St.</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Elmer</b> Last <b>Coggeshall</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 17, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Radio Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Police Dept.</b>	
13a. FATHER'S NAME <b>Guy Rowland Coggeshall</b>		13b. MOTHER'S MAIDEN NAME <b>Della Jane Lowe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		17. INFORMANT Address <b>Larene Coggeshall, Lee's Summit, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immed.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Myocardial Infarction</b>			<b>48 hrs</b>
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			<b>Undet.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:45</b> a.m. <b>PM</b> Month, Day, Year <b>12-23-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>10901 Winner Rd. Indyp.</b>	
21. I attended the deceased from <b>12-23-62</b> to <b>12-25-62</b> and last saw him alive on <b>12-24-62</b>		22c. DATE SIGNED <b>12-25-62</b>	
22a. SIGNATURE <b>Nathan B. Fouts Jr. M.D.</b>		22b. ADDRESS <b>10901 Winner Rd. Indyp.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 27, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>12-27-62</b>	
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>		27. ADDRESS <b>Lee's Summit Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 16 1963  
MAR 6 1963

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W B Langford Jr

Licensed Embalmer No. 3833

P.O. Address Leis Summit  
Mrs.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

12-27-62